

**Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138**

Date Stamp (Received

JAN 08 2018

Bayfield Co. Zoning Dept.

ENTERED

Permit #:

18-0019

Date:

2-2-18

Amount Paid:

#350 1-8-18

Refund:

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input checked="" type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:				Mailing Address:				City/State/Zip:				Telephone:			
WILLIAM T. & SANDRA L. BODNETT				14770 TOWNE RD				HERBSTER WE 54844				715-7943925			
Address of Property:				City/State/Zip:								Cell Phone:			
87560 BARKPOINT RD				HERBSTER WE 54844								715-580-0520			
Contractor:				Contractor Phone:		Plumber:				Plumber Phone:					
SIZLE				N/A		N/A									
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:		Agent Mailing Address (include City/State/Zip):				Written Authorization Attached					
										<input type="checkbox"/> Yes <input type="checkbox"/> No					
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# (4-5 digits)				Recorded Deed (i.e. # assigned by Register of Deeds)							
5938' of E 1/4, 1/4		338' W 1/4 N 1/4 LN		11362 (ATTACHED)				Document #: 2013 R-551906							
Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:			
2															
Section 4, Township 50 N, Range 7 W				Town of:				Lot Size		Acreage					
				CLOVER						6.770					

<input checked="" type="checkbox"/> Shoreland	No <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Yes <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : <u>168</u> feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>255,000</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>TOWN</u>	_____
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement		<input checked="" type="checkbox"/> <u>4</u>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	_____
	<input checked="" type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 41	Width: 31 x 12	Height: 30
Proposed Construction:	Length: N/A	Width: N/A	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
<div style="border: 1px solid blue; padding: 5px; display: inline-block;"> Rec'd for Issuance FEB 07 2018 Secretarial Staff </div>	<input checked="" type="checkbox"/>	Special Use: (explain) <u>SHORT TERM DETAIL</u>	(41 X 35)	2200
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): William T. Bodner Sandra H Bodner
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date Jan 6, 2018

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit 14770 Touwe Rd

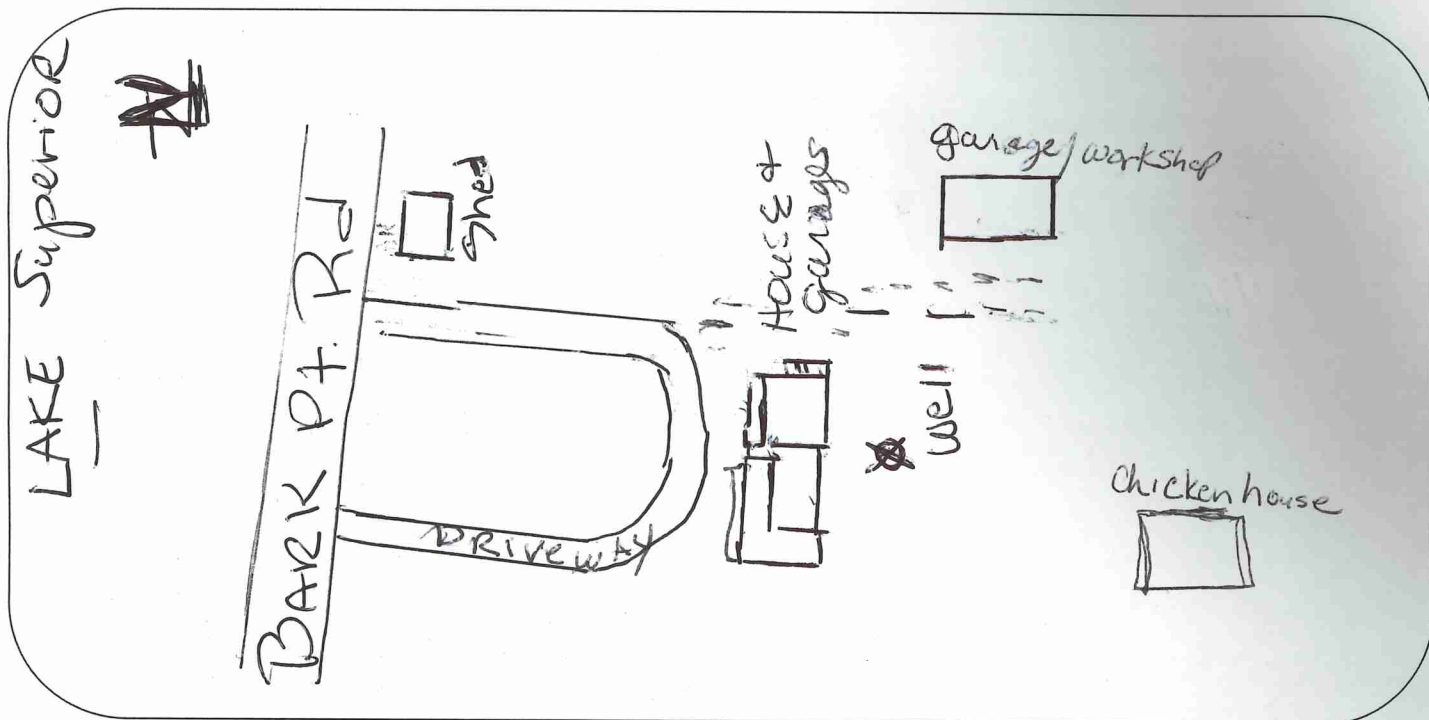
Attach
Copy of Tax Statement
the property send your **Recorded Deed**

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	127 Feet	Setback from the Lake (ordinary high-water mark)	160 Feet
Setback from the Established Right-of-Way	118 Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	140 Feet
Setback from the North Lot Line	135 Feet		
Setback from the South Lot Line	650 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	90 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	300 Feet	Elevation of Floodplain	30 Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	169 Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>City Sewer</u>	# of bedrooms: <u>—</u>	Sanitary Date: <u>—</u>	
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>18-0019</u>		Permit Date: <u>2-7-18</u>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: <u>NA</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: <u>NA</u>			
Was Parcel Legally Created		Were Property Lines Represented by Owner		Was Property Surveyed	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record: <u>Property appears to be in compliance with ordinance requirements. OK to issue LU Permit</u>				Zoning District <u>(RAB)</u>	
				Lakes Classification <u>(1)</u>	
Date of Inspection: <u>1/18/18</u>		Inspected by: <u>Robert Schierman</u>		Date of Re-Inspection:	
Condition(s): <u>Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No — (If No they need to be attached.)</u>					
<u>Per conditions recommended by Town of Clover</u>					
Signature of Inspector: <u>[Signature]</u>				Date of Approval: <u>2/6/2018</u>	
Hold For Sanitary: <input type="checkbox"/> <u>—</u>		Hold For TBA: <input checked="" type="checkbox"/> <u>1/9/18</u>		Hold For Affidavit: <input type="checkbox"/> <u>—</u>	
		Hold For Fees: <input type="checkbox"/> <u>—</u>		<input type="checkbox"/> <u>—</u>	

City, Village, State or Federal
May Also Be Required
After-the-Fact
LAND USE - **X**
SANITARY - **City**
SIGN -
SPECIAL - **Class A**
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0019** Issued To: **William & Sandra Bodner**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **4** Township **50** N. Range **7** W. Town of **Clover**

E OF N/S 1/4 LN & S 338' W OF N/S 1/4 LN

Gov't Lot **2** Lot Block Subdivision CSM#

For: **Residential Other: [1 - Unit; 2- Story; Short-term Rental = 2,200 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Per conditions recommended by the Town of Clover. (see reverse side)**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

February 7, 2018

Date

- Town Conditions:**
- 1) Prior to advertising and renting this short-term rental, the property owner must have a 2017-2018 Wisconsin Tourist Rooming House Permit issued by the Bayfield County Health Department.
 - 2) When rented, a contact person must be available 24 hours a day within 40 miles of this short-term rental.
 - 3) RVs, campers, and vehicles must be parked on the driveway.
 - 4) Quiet hours, 11 pm to 7 am. No campfires after 11 pm. No fireworks permitted.
 - 5) This Permit is not transferrable if the property is sold.
 - 6) This Class A Special Use Permit expires September 1, 2021. If the property owner desires to continue a short-term rental after this, not later than July 15, 2021, a Class A Special Use Permit application shall be submitted to the Town of Clover Clerk, with a copy of the 2021-2022 (valid for the time period of July 1, 2021 through June 30, 2022) State of Wisconsin Tourist Rooming House Permit issued by the Bayfield County Health Department. Any complaints to the Town of Clover about a property must be submitted in writing. The Town will review the complaint and if justified the Town will forward the complaint to the County Zoning Department for action under the Zoning Ordinance Sec. 13-1-41 A Special Uses (d) (3) Termination.
 - 7) A copy of this permit and conditions are to be posted inside the rental unit.

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
JAN 19 2018
Bayfield Co. Zoning Dept.

Permit #: 18-0020
Date: 2-7-18
Amount Paid: \$175 1-19-18
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☒ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Scott and Stephanie Sample
Mailing Address: 11074 Zumbrota Ct NE Blaine, MN 55449
City/State/Zip: Blaine, MN 55449
Telephone: 612-508-9097
Address of Property: 87685 Bark Point Road
City/State/Zip: Herbster, WI 54844
Cell Phone: 612-508-9097
Contractor: Contractor Phone: Plumber: Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached ☐ Yes ☐ No
PROJECT LOCATION: Legal Description: (Use Tax Statement) 11361
Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 865 587
1/4, 1/4 Gov't Lot 2 Lot(s) CSM Vol & Page 865-587 Lot(s) No. Block(s) No. Subdivision:
Section 4, Township 50 N, Range 07 W Town of: Clover Lot Size Acreage 7.5

☒ Shoreland → ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → Distance Structure is from Shoreline : feet
☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline : Home = 75 Garage = 100 feet
☐ Non-Shoreland Is Property in Floodplain Zone? ☐ Yes ☒ No Are Wetlands Present? ☒ Yes ☐ No previous app
Says "small, isolated, not @ site of construction"

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 392,800	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>holding</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Short term rental	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 64 Width: 40 Height: 27
Proposed Construction: n/a Length: NA Width: NA Height: NA

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use Rec'd for Issuance FEB 07 2018 Secretarial Staff	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Municipal Use		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Special Use: (explain) <u>Short term rental</u>	(64 X 40)	2560
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Stephanie Sample
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 1-10-18

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit 11074 Zumbrota Ct NE Blaine, MN 55449

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point) (#'s from 2014 garage permit)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	+63 Feet	Setback from the Lake (ordinary high-water mark)	150+ Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	
		Setback from the Bank or Bluff	House is 75 Feet
Setback from the North Lot Line			Garage is 100
Setback from the South Lot Line	30 Feet	Setback from Wetland	
Setback from the West Lot Line	+100 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	+20 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	+100 Feet	Setback to Well	+100 Feet
Setback to Drain Field	n/a Feet		
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 425100	# of bedrooms: 3	Sanitary Date: 11/18/2003
Permit Denied (Date):		Reason for Denial:		
Permit #: 18-0020		Permit Date: 2-7-18		
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(Deed of Record)</small>	<input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(Fused/Contiguous Lot(s))</small>	<input checked="" type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Case #: NA		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Case #: NA		
Was Parcel Legally Created		Were Property Lines Represented by Owner		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated		Was Property Surveyed		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: Compliant Property - ok To issue LU Permit.		Zoning District (RRB)		
Date of Inspection: 1/18/18		Lakes Classification (1)		
Inspected by: Robert Schierman		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)				
Per Conditions recommended by Town of Clover Holding tank must be properly maintained/				
Signature of Inspector:				
Date of Approval: 2/6/2018				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

City, Village, State or Federal
Permits May Also Be Required
After-the-Fact

LAND USE – **X**
SANITARY – **City**
SIGN –
SPECIAL – **Class A**
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0020** Issued To: **Scott & Stephanie Sample**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **4** Township **50** N. Range **7** W. Town of **Clover**

Par in
Gov't Lot **2** Lot Block Subdivision CSM#

For: **Residential Other: [1 – Unit; 1.5 - Story; Short-term Rental = 2,560 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Holding tank must be properly maintained / serviced. Per conditions recommended by the Town of Clover. (see reverse side)**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

February 7, 2018

Date

- Town Conditions:**
- 1) Prior to advertising and renting this short-term rental, the property owner must have a 2017-2018 Wisconsin Tourist Rooming House Permit issued by the Bayfield County Health Department.
 - 2) When rented, a contact person must be available 24 hours a day within 40 miles of this short-term rental.
 - 3) RVs, campers, and vehicles must be parked on the driveway.
 - 4) Quiet hours, 11 pm to 7 am. No campfires after 11 pm. No fireworks permitted.
 - 5) This Permit is not transferrable if the property is sold.
 - 6) This Class A Special Use Permit expires September 1, 2021. If the property owner desires to continue a short-term rental after this, not later than July 15, 2021, a Class A Special Use Permit application shall be submitted to the Town of Clover Clerk, with a copy of the 2021-2022 (valid for the time period of July 1, 2021 through June 30, 2022) State of Wisconsin Tourist Rooming House Permit issued by the Bayfield County Health Department. Any complaints to the Town of Clover about a property must be submitted in writing. The Town will review the complaint and if justified the Town will forward the complaint to the County Zoning Department for action under the Zoning Ordinance Sec. 13-1-41 A Special Uses (d) (3) Termination.
 - 7) A copy of this permit and conditions are to be posted inside the rental unit.